

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

PLACE OF BIRTH:

Gila

Registered No. \_\_\_\_\_

County \_\_\_\_\_  
Township \_\_\_\_\_  
City \_\_\_\_\_

State ARIZONA

or Village \_\_\_\_\_

No. \_\_\_\_\_

Full name of child

THOMPSON

(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward. \_\_\_\_\_

If child is not yet named, make supplemental report, as directed.

Sex Male

M

If plural births

4. Twin, triplet, or other \_\_\_\_\_

6. Premature \_\_\_\_\_

7. Legiti-

8. Date of birth

Jan. 2, 1890

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Full name

FATHER

H. J. Thompson

Residence (usual place of abode)

(If nonresident, give place and State) \_\_\_\_\_

Color or race \_\_\_\_\_

12. Age at last birthday \_\_\_\_\_ (years)

Birthplace (city or place and State or country): \_\_\_\_\_

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 193

17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name

MOTHER

19. Residence (usual place of abode)

(If nonresident, give place and State) \_\_\_\_\_

20. Color or race \_\_\_\_\_

21. Age at last birthday \_\_\_\_\_ (years)

22. Birthplace (city or place and State or country): \_\_\_\_\_

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 193

26. Total time (years) spent in this work \_\_\_\_\_

Number of children of this mother

(At time of this birth and including this child) \_\_\_\_\_

(a) Born alive and now living \_\_\_\_\_

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

If stillborn,

period of gestation \_\_\_\_\_

{ months  
or weeks

29. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_

stillborn

(Born alive or stillborn)

at \_\_\_\_\_ m. on the date above stated.

(Signed) \_\_\_\_\_

J. W. Largent

M. D.

or \_\_\_\_\_

Midwife

Address \_\_\_\_\_

Filed 3-4-90

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Registrar

135-102-000